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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/057,583	01/24/2002	Martti Y.O. Kangas	WARF:017US

CONFIRMATION NO. 1832



OC000000017128801

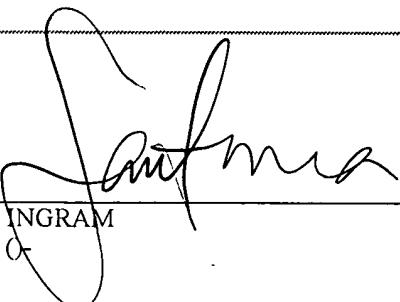
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 AUSTIN, TX 78701

Date Mailed: 09/29/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 07/12/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

for

 JOHN INGRAM
 PUBS C

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/057,583	01/24/2002	Marti Y.O. Kangas	11146

Walter A. Rodgers
 880 North Island Drive
 Atlanta, GA 30327

CONFIRMATION NO. 1832



OC000000017128742

Date Mailed: 09/29/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 07/12/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JOHN INGRAM
 PUBS ()-

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CONFIRMATION NO. 1832

Bib Data Sheet

SERIAL NUMBER 10/057,583	FILING OR 371(c) DATE 01/24/2002 RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. WARF:017US
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 07/22/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GA	4	18	2

ADDRESS

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 600 CONGRESS AVENUE
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TITLE

LOW PRESSURE ATOMIZER FOR DIFFICULT TO DISPERSE SOLUTIONS

FILING FEE RECEIVED 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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